MUNICIPAL FACILITIES EXCLUSION CHECKLIST

(Formerly Master Plan Exclusion)

Below please find the information required under \$76-4-12, MCA, regarding a municipal facilities exclusion for this subdivision within a growth policy area or first-class or second-class municipality. Use of this checklist is only appropriate when the municipality is providing the water and sewer main service and when the municipality engineering staff is reviewing the plans and specifications prior to approval.

1.	Name of subdivision				
2.	Applicant:	Name			
		Address			
3.	Engineer:	Name			
		Address			
4.	Copy of the		t: Attached Number of t	parcels in the subdivision	
5.		A copy of any applicable zoning ordinances in effect: Attached Not applicable			
6. How construction of the sewage disposal and water supply systems or					
	(method of financing)				
7.	Certification	n that the subdivision is:	(Check one)		
			l area that has adopted a grow	th policy	
		Within a first-class m		1 3	
	Within a second-class municipality				
8.	Copy of growth policy: Attached On file Not applicable				
9.	Location of the subdivision to the city or town, vicinity map attached: Yes No				
10.	Will the owner of the municipal facilities own, operate, and maintain the water supply, sewage				
	disposal, solid waste, and storm water facilities? Yes No				
11.	All water and sewer mains or extensions as defined in §76-4-102, MCA, (a main or extension is				
	any line that serves more than one building or living unit) will be under the control and				
	maintenance of the certifying municipality? Yes No				
12.	Will the existing water main(s) need to be extended to serve the subdivision? Yes No				
13.	Will the existing sewer main(s) need to be extended to serve the subdivision? Yes No				
14.	Exclusion Checklist review fee (\$75) included: Yes No				
15.	I certify that adequate municipal facilities for the supply of water and disposal of sewage and solid waste are available or will be provided within one (1) year after notice of certification is issued, and I certify that the governing body has reviewed and approved plans to ensure adequate				
		drainage. I further certi	fy that I am authorized to sign		
Name			Cianatura		
Name	(Please prin	t legibly)	Signature		
Department		Title			
City _			Zip Code	Phone	
Please	sign and send	d with the \$75 review fee	e to:		
3.6					
		MENT OF ENVIRONMENT	-		
	VISION REVIE x 200901	W SECTION, PERMITTING	G & COMPLIANCE DIVISION		

HELENA MT 59620